

## HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

August 16, 2007

Nelia Hartwig, Administrator Unique Sr Care - Assisted Living 3634 20th St Lewiston, ID 83501

Dear Ms. Hartwig:

On August 15, 2007, a complaint investigation survey was conducted at Unique Sr Care - Assisted Living. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 14, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

JS/slc

Enclosure



# HEALTH & WELFARE

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August 20, 2007

Nelia Hartwig, Administrator Unique Sr Care - Assisted Living 3634 20th St Lewiston, ID 83501

Dear Ms. Hartwig:

On August 15, 2007, a complaint investigation survey was conducted at Unique Sr Care - Assisted Living. The survey was conducted by Donna Henscheid, Social Worker. This report outlines the findings of our investigation.

#### **Complaint # ID00002888**

Allegation #1:

The facility administrator/owner falsified cardio-pulmonary resuscitation (CPR) and first

aid (FA) cards, therefore the employees that worked at the facility were not CPR/FA

certified.

Findings:

Substantiated. The facility was cited at 16.03.22.600.06.b for not having at least one direct care staff with certification in first aid and cardio-pulmonary resuscitiation in the facility at

all times.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

DONNA HENSCHEID, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

DH/sc

c:

Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program Donna Henscheid, LSW, Health Facility Surveyor



#### BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

### ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Unique Or. Care	1639 Buch Are.	208-746-1077
Administrator Nelia Hartwig	Lewiston	ZIP Code 8 356/
Survey Team Leader  Donna Henscheid	Survey Type Oryplaint	Survey Date 8/15/07

Doni	na Henscheid	. Complaint	8/15/07
NON-CORE ISSU	ES		
ITEM RULE # 16.03.22	等的企业的企业。 医克克斯氏 医甲基氏 医甲基氏 医甲基氏 医甲基氏性 医甲基氏性 医甲基氏性 医克里氏 医克里氏 医克里氏 医克里氏 医克里氏氏 医克里氏氏征 医克里氏氏征 医克里氏征 医克里氏氏征 医克里氏征 医多氏性 医多氏性 医多氏性 医多氏性 医多氏性 医多氏性 医多氏性 医多氏性	<b>DESCRIPTION</b>	DATE BFS RESOLVED USE
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	4/24/04 and 5/08/04/08	rent to the bureau of Jacili	ly
	standards on \$23/0	or by the administrations.	she
	American Red Crae	is Staff confirmed that n	either
	the administrati	as me identified stall we	lle 2
	provided CPR/FA, I	training by the Red Cras	
	prior to 5/12/07.	COS - administratar pro	reded
	copies of current	CFR/FA for all stoff emp	loged
	at the facility . (5/2	3/07) 1	
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			(2)
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Response Required Date	Signature of Facility Representative		Date Signed